

SECTION 1. Notice of Intent.

Municipal Code: _____

1A. MUNICIPALITY OF _____

Dear Assessor: Pursuant to **36 M.R.S.A. § 6653**, you are hereby notified that :

_____ (applicant name)
intends to file an application with Maine Revenue Services for reimbursement of property tax associated with eligible business property first placed in service in Maine after April 1, 1995 for taxes assessed April 1, _____.

1B. Claimant is a: Corporation ☐ Partnership ☐ Sole Proprietor ☐ LLC ☐

SECTION 2. Schedule for Business Equipment Tax Reimbursement. (Attach additional sheets if needed)

The eligible business property is situated at (street address, map & lot, account #, etc.):

Valuation components determined by the local tax assessors establish an essential basis for taxpayers wishing to participate in this program. I am requesting that you provide information pertaining to the **assessed value** for eligible business property in Column F and **relevant assessment information** in Section 3 on the reverse side. Please enter the necessary information and return this schedule to me within 60 days or make this information available to me when the tax bills are issued, whichever occurs later. I believe the following listed property constitutes eligible business property which is eligible for reimbursement by the State of Maine.

A. Property Description	B. State of Origin (if acquired used)	C. Number of Years Claimed	D. Date Placed in Service (month/year)	E. Original Cost	F. Assessed Value (To be completed by local tax assessor.)
1. _____	_____	_____	____/____	\$ _____	\$ _____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____	_____
8. _____	_____	_____	_____	_____	_____
9. _____	_____	_____	_____	_____	_____
10. _____	_____	_____	_____	_____	_____
11. _____	_____	_____	_____	_____	_____
12. _____	_____	_____	_____	_____	_____
13. _____	_____	_____	_____	_____	_____
14. _____	_____	_____	_____	_____	_____
15. _____	_____	_____	_____	_____	_____

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ASSESSOR NOTIFICATION

A. Property Description	B. State of Origin (if acquired used)	C. Number of Years Claimed	D. Date Placed in Service (month/year) /	E. Original Cost \$	F. Assessed Value (To be completed by local tax assessor.) \$
16. _____	_____	_____	_____ / _____	\$ _____	\$ _____
17. _____	_____	_____	_____	_____	_____
18. _____	_____	_____	_____	_____	_____
19. _____	_____	_____	_____	_____	_____
20. _____	_____	_____	_____	_____	_____
21. _____	_____	_____	_____	_____	_____
22. _____	_____	_____	_____	_____	_____
23. _____	_____	_____	_____	_____	_____
24. _____	_____	_____	_____	_____	_____
25. _____	_____	_____	_____	_____	_____
26. _____	_____	_____	_____	_____	_____
27. _____	_____	_____	_____	_____	_____
28. _____	_____	_____	_____	_____	_____
29. _____	_____	_____	_____	_____	_____
30. _____	_____	_____	_____	_____	_____
31. _____	_____	_____	_____	_____	_____
32. _____	_____	_____	_____	_____	_____
33. _____	_____	_____	_____	_____	_____
34. _____	_____	_____	_____	_____	_____
35. _____	_____	_____	_____	_____	_____
36. _____	_____	_____	_____	_____	_____
37. _____	_____	_____	_____	_____	_____
(Attach additional sheets if needed)				TOTAL \$ _____	\$ _____

SECTION 3. Property Tax Information (To be completed by local tax assessor.)

Property Tax Rate _____ Assessed Tax \$ _____ For Taxes Assessed April 1, _____

Assessor Signature _____ Municipality Name _____ Date _____

Taxpayer (or agent) signature _____

Social Security number or federal EIN (see note, p.4) _____

Date _____